

dermatitis lesions (on a severity scale of 0 to 4), an Eczema Area and Severity Index (EASI) score of ≥ 16 (on a scale of 0 to 72), and a minimum body surface area involvement of $\geq 10\%$. Effectiveness was determined by IGA scores of 0 or 1 (clear or almost clear) or an EASI score improvement of at least 75% at week 16. The drug was administered every other week for the first 16 weeks. At week 16, more patients treated with tralokinumab-ldrm than placebo achieved an IGA score of 0 or 1 (38.9% versus 26.2%) and an EASI score improvement of at least 75% (56% versus 35.7%).¹ After 16 weeks, those who had met these end points were rerandomized to receive the drug every two weeks, every four weeks, or to receive placebo for 16 more weeks. Tralokinumab-ldrm continued to have a positive response at week 32.¹

The most common adverse effects of treatment are upper respiratory tract infections, conjunctivitis, injection site reactions, and eosinophilia. Keratitis and hypersensitivity reactions, including anaphylaxis and angioedema, are possible. Because of the changes in the immune system from tralokinumab-ldrm, the risk of an infection increases if a live vaccine is given.

Nurses should confirm that the patient is up to date on all vaccines prior to starting tralokinumab-ldrm treatment because live vaccines must be avoided once treatment has begun and safety data are limited on the use of non-live vaccines in someone treated with tralokinumab-ldrm. As IL-13 promotes excessive mucus secretion and expulsion of parasitic worms, nurses should assess and treat patients for helminth infections prior to starting tralokinumab-ldrm. If a helminth infection occurs during treatment, and the patient does not respond to antihelminth treatment, tralokinumab-ldrm should

be discontinued until the infection resolves.

Nurses must teach patients how to administer tralokinumab-ldrm subcutaneously. Although the drug comes in a prefilled syringe, more than one syringe is needed to deliver the prescribed dose. Either two or four injections are required. These injections can be given in the same area (for example, in the left thigh), so long as each is at least one inch apart from the others. Patients should be taught to rotate injection sites.

For complete prescribing information for tralokinumab-ldrm, go to www.leo-pharma.us/Files/Bilder/US%20Website%20Product%20PIs/AdbryPI.pdf.

REFERENCE

1. Silverberg JL, et al. Tralokinumab plus topical corticosteroids for the treatment of moderate-to-severe atopic dermatitis: results from the double-blind, randomized, multicentre, placebo-controlled phase III ECZTRA 3 trial. *Br J Dermatol* 2021;184(3):450-63.

TEZSPIRE APPROVED FOR SEVERE ASTHMA

- Tezepelumab-ekko (Tezspire) has been approved by the Food and Drug Administration as an add-on maintenance therapy for people ages 12 years and older with severe asthma symptoms not controlled by current medication.
- The drug must be given subcutaneously by a health care provider.

Tezepelumab-ekko (Tezspire) has been approved by the Food and Drug Administration (FDA) as an add-on maintenance therapy for people ages 12 years and older with severe asthma symptoms not controlled by current medication. The drug was initially granted breakthrough therapy status by the FDA because preliminary clinical evidence demonstrated that it might

provide substantial improvement over other available therapy on at least one clinically significant end point. Tezepelumab-ekko is administered subcutaneously once every four weeks by a health care provider. It should not be used to treat acute asthma symptoms or acute exacerbations, acute bronchospasm, or status asthmaticus.

Tezepelumab-ekko is a monoclonal antibody and a thymic stromal lymphopoietin blocker. Thymic stromal lymphopoietin is a cytokine that plays a role in the regulation of the immune response in asthma and in the differentiation of hematopoietic cells (blood cells).

The safety and effectiveness of tezepelumab-ekko were demonstrated in two randomized, double-blind, parallel-group, placebo-controlled clinical trials in which the drug or a placebo was administered every four weeks for a year. The two trials had a combination of 1,609 patients ages 12 years and older with severe asthma. Those who received tezepelumab-ekko had a significant reduction in the annualized rate of asthma attacks and fewer asthma attacks requiring ED visits or hospitalizations compared with those receiving placebo.

The most common adverse effects of tezepelumab-ekko are pharyngitis, arthralgia, and back pain. Hypersensitivity reactions such as rash or allergic conjunctivitis are possible. Because of tezepelumab-ekko's effect on the immune system, live attenuated vaccines should not be given during treatment and helminth infections should be treated prior to starting treatment.

For complete prescribing info for tezepelumab-ekko, go to www.accessdata.fda.gov/drugsatfda_docs/label/2021/761224s000lbl.pdf. ▼

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